DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 12/20/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445215	A. BUILDING _____ B. WING _____	11/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CENTER, THE	1026 MCFARLAND STREET MORRISTOWN, TN 37814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #33819 and #34265 were completed on November 3, 2014, through November 5, 2014 at The Heritage Center. No deficiencies were cited related to complaint investigation #33819 and #34265 under CFR Part 483, Requirements for Long Term Care Facilities.	F 000	The Heritage Center is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe environment in one of three linen rooms. The findings included: Observation on initial tour November 3, 2014, at 9:30 a.m., revealed the door to the linen room in the 300/400 hallway was unlocked. Inside the room was a small unlocked cabinet on the wall with a hasp closure but no lock, containing the following: Seven 4 oz (ounce) bottles of deodorant; Eight 8 oz bottles of personal cleanser; One 2 oz tube of skin protector cream;	F 323	While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted November 3-5, 2014. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State Regulations. F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES CORRECTIVE ACTION: Facility Staff immediately placed a lock on the hasp closure of the cabinet in question. All other cabinets in facility linen rooms were inspected for proper storage and security. RESIDENTS WITH POTENTIAL TO BE AFFECTED: All residents have the potential to be affected. SYSTEMIC CHANGES: All facility staff will be in-serviced by Staff Development Coordinator, Facility Safety Director, or designee on the facility policy regarding proper storage of chemicals including ensuring that they are locked appropriately.	11/3/14 11/3/14 12/12/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert C Daniels — TITLE: Senior Executive Director — (X6) DATE: 11-12-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 Two 4 oz bottles of hand sanitizer; One 4 oz bottle of rubbing alcohol; One 2.75 oz tube of skin protector cream; One 8 oz bottle of 3-in-1 wash cream; One 11 oz can of shave cream; Three and one half packets of denture cleanser; Five 4 oz bottles of mouthwash; All of the items had "Keep out of reach of children" on the labels. Interview with Licensed Practical Nurse #1 on November 3, 2014, at 9:30 a.m., in the 300/400 linen closet, confirmed the items listed were in the unlocked cabinet in the unlocked room. Further interview confirmed there were no wandering residents at that time, but had been in the past. Interview with the Director of Nursing on November 3, 2014, at 9:50 a.m., at the 100 hall linen room confirmed the cabinet in the 300/400 linen closet was unlocked and residents could enter the room.	F 323	MONITORING: The Staff Development Coordinator, Facility Safety Director, or designee will audit facility linen closet cabinets for proper storage and security weekly x 3 months. The audits will be taken to the Performance Improvement Committee x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.	12/12/14